

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034624

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2622

STATE FILE NUMBER

VS 300
Rev. 4/59

14000

24000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis, County.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Melhville Mo.		c. CITY OR TOWN Melhville.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1011 Forder Rd.		d. STREET ADDRESS (If outside, give location) 1011 Forder Rd.	
3. NAME OF DECEASED (Type or print) First Herman. Middle A. Last Schmelzle.		4. DATE OF DEATH Month 8 Day 18 Year 1963	
5. SEX Male.	6. COLOR OR RACE White.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-23-05
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME William Schmelzle.		14. NAME OF HUSBAND OR WIFE Irene Schmelzle.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Charles Tretter. 1011 Forder Rd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of left chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT - SUICIDE <input type="checkbox"/> <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted gunshot wound	
20c. TIME OF INJURY Hour 10:00 a.m. Month, Day, Year 8/18/63		20f. CITY, TOWN, OR LOCATION Mehlville	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home		20f. CITY, TOWN, OR LOCATION St. Louis	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 8/22/63	
22a. SIGNATURE Raymond H. Hurd (Degree or title) Coroner		22b. ADDRESS Clayton, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORY Mt. Olive.	
23b. DATE 8-21-1963		23d. LOCATION (City, town, or county) (State) St. Louis, County Mo.	
24. FUNERAL DIRECTOR Southern Funeral Home.		25. DATE RECD. BY LOCAL REG. 8-19-63	
26. REGISTRAR'S SIGNATURE John B. Murphy		26. REGISTRAR'S SIGNATURE John B. Murphy	

(Licensed Embalmer's Statement on Reverse Side)

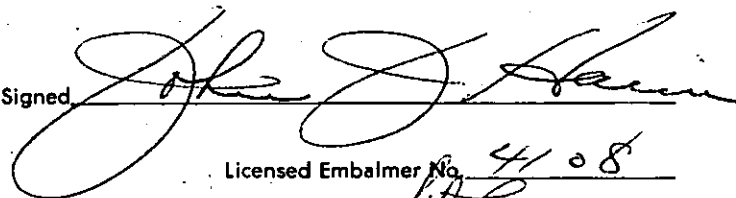
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No.

4108

P. O. Address



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.